

PART B - FEE(S) TRANSMITTAL

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7590 09/21/2007

Tarolli Sundheim Covell & Tummino
1300 East Ninth Street
Suite 1700
Cleveland, OH 44114
12/26/2007 HDMESS2 00000098 200090 10575390

01 FC:1504 300.00 DP
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Jill Wolfe	(Depositor's name)
<i>Jill Wolfe</i>	(Signature)
December 19, 2007	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/575,390	01/18/2007	Roger Nicholas	16-555P/US	9023
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TITLE OF INVENTION: METAL CUTTING TOOL

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	12/21/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
ADDISU, SARA	3722	407-110000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
<input checked="" type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.	TAROLLI, SUNDHEIM, COVELL & TUMMINO, LLP
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Kennametal Inc.

Latrobe, Pennsylvania

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

Issue Fee
 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies 3

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 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 20-0090 (enclose an extra copy of this form).

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

John R. Hlavka

Date December 19, 2007

Typed or printed name

John R. Hlavka

Registration No. 29,706

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